



# Hazardous Materials Permit Application

Howard County Office of the Fire Marshal



| BUSINESS INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | OCCUPANCY INFORMATION                        |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------|
| Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          | Square Feet of Property:                     |                                                                                           |
| Physical Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | Square Feet of Building:                     |                                                                                           |
| Building:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Floor: Suite:                                            | Number of Floors:                            | Basement: Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State: Zip:                                              | Normal Business Hours:                       |                                                                                           |
| Business Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | Persons on Site During Day:                  | Overnight:                                                                                |
| Nature of Business:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | FD Knox Box Installed:                       | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |
| Change in Use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Auto Sprinkler System:                       | Full <input type="checkbox"/> Part <input type="checkbox"/> None <input type="checkbox"/> |
| If Yes, Existing Use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          | Alarm/Sprinkler Monitored:                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |
| Proposed Use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          | Monitoring Company Name:                     |                                                                                           |
| Does Facility Currently File Tier I or Tier II reports with the State: Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | Monitoring Company Phone:                    |                                                                                           |
| OWNER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | BILLING INFORMATION                          |                                                                                           |
| Property Owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | Billing Contact Name:                        |                                                                                           |
| Owner Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          | Billing Address:                             |                                                                                           |
| Building:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Floor: Suite:                                            | Building:                                    | Floor: Suite:                                                                             |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State: Zip:                                              | City:                                        | State: Zip:                                                                               |
| Owner Contact Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          | Billing Contact Number:                      |                                                                                           |
| Owner Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | Billing Email:                               |                                                                                           |
| CONTACTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                              |                                                                                           |
| Primary Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          | Primary Contact Phone:                       |                                                                                           |
| 24 Hour Emergency Contact #1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          | 24 Hour Emergency Contact #1 Phone:          |                                                                                           |
| 24 Hour Emergency Contact #2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          | 24 Hour Emergency Contact #2 Phone:          |                                                                                           |
| RESPONSIBLE PARTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                              |                                                                                           |
| The applicant hereby certifies as follows: 1) that he/she is authorized to make this application; 2) that all information provided by the applicant, whether on an original application or on an application for a revision, is true and correct, including all information on any attachments hereto; 3) that, on an application for revision and all attachments thereto, he/she has brought to the attention of the Office of the Fire Marshal all changes being made from the original application and attachments thereto by highlighting those changes on this form and the attachments; 4) that he/she will comply with all regulations of Howard County which are applicable hereto; 5) that he/she will use, transport on site, or store no substance at the above property not specifically described in this application and the attachments; 6) that he/she grants County officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices. |                                                          |                                              |                                                                                           |
| Applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | Phone:                                       | Date:                                                                                     |
| HCDFRS USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |                                              |                                                                                           |
| New Customer <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Existing Customer <input type="checkbox"/>               | Change of Ownership <input type="checkbox"/> | Customer Number: _____                                                                    |
| Permit Type: I II III IV V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Inspection: _____                                |                                              | Follow-Up: _____                                                                          |
| Application Reviewed By: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          | Date: _____                                  |                                                                                           |

## Permit Types and Submittal Requirements

All applicants must submit this application, Hazardous Materials Inventory Statement(s), and Safety Data Sheets for all chemicals. Permit Types I, II, and III also require a site plan, building floor plan, and copy of contract with disposal/clean-up company.

Email all materials to: [hazmat@howardcountymd.gov](mailto:hazmat@howardcountymd.gov)

### Type I Permits:

- (a) You must comply with the reporting requirements of this part if the Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard (HCS) require your facility to prepare or have available a Material Safety Data Sheet (MSDS) (or Safety Data Sheet (SDS)) for a hazardous chemical and if either of the following conditions is met:
- (1) A hazardous chemical that is an Extremely Hazardous Substance (EHS) is present at your facility at any one time in an amount equal to or greater than 500 pounds (227 kg—approximately 55 gallons) or the Threshold Planning Quantity (TPQ), whichever is lower. EHSs and their TPQs are listed in Appendices A and B of 40 CFR part 355.
  - (2) A hazardous chemical that is not an EHS is present at your facility at any one time in an amount equal to or greater than the threshold level for that hazardous chemical. Threshold levels for such hazardous chemicals are:
    - (i) For any hazardous chemical that does not meet the criteria in paragraph (a)(2)(ii) or (iii) of this section, the threshold level is 10,000 pounds (or 4,540 kg).
    - (ii) For gasoline at a retail gas station (For purposes of this part, retail gas station means a retail facility engaged in selling gasoline and/or diesel fuel principally to the public, for motor vehicle use on land.), the threshold level is 75,000 gallons (approximately 283,900 liters) (all grades combined). This threshold is only applicable for gasoline that was in tank(s) entirely underground and was in compliance at all times during the preceding calendar year with all applicable Underground Storage Tank (UST) requirements at 40 CFR part 280 or requirements of the state UST program approved by the Agency under 40 CFR part 281.
    - (iii) For diesel fuel at a retail gas station (For purposes of this part, retail gas station means a retail facility engaged in selling gasoline and/or diesel fuel principally to the public, for motor vehicle use on land.), the threshold level is 100,000 gallons (approximately 378,500 liters) (all grades combined). This threshold is only applicable for diesel fuel that was in tank(s) entirely underground and was in compliance at all times during the preceding calendar year with all applicable Underground Storage Tank (UST) requirements at 40 CFR part 280 or requirements of the state UST program approved by the Agency under 40 CFR part 281.
- (b) The threshold level for responding to the following requests is zero.
- (1) If your LEPC requests that you submit an MSDS (or SDS) for a hazardous chemical for which you have not submitted an MSDS (or SDS) to your LEPC; or
  - (2) If your LEPC, SERC, or the fire department with jurisdiction over your facility requests that you submit Tier II information.

### Type II Permits:

All occupancies that report an amount of five pounds or more, up to ten pounds, of any Extremely Hazardous Substance (EHS) that has a TPQ of ten pounds or less, but that does not meet the requirements set forth under Type I permits, will qualify for a Type II permit.

### Type III Permits:

All occupancies that report an amount of one pound or more, up to five pounds of any Extremely Hazardous Substance (EHS) that has a TPQ of ten pounds or less, will qualify for a Type III permit.

### Type IV Permits:

All occupancies that report an amount of less than one pound Extremely Hazardous Substance (EHS) that has a TPQ of ten pounds or less, will qualify for a Type IV permit.

### Type V Permits:

All occupancies that report no quantity of any Extremely Hazardous Substance (EHS), but that reports quantities of hazardous substances that qualify for a permit under NFPA 1, Chapter 1, Section 12, shall qualify for a Type V permit.

\*\* All EHS's and their TPQs are listed in Appendices A and B of 40 CFR part 355.